

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$71.00 for date of service 03/20/02.
- b. The request was received on 07/18/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. TWCC 62 form
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 09/05/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 09/06/02. The response from the insurance carrier was received in the Division on 09/12/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. A Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 09/04/02

“According to the above chart the insurance carrier failed to pay code 99214, stating, ‘documentation does not support the specific level of service billed.’ We disagree with these determinations about the report dated 3-20-02. If you refer to the report you will see that Dr. \_\_\_ examined the patient’s cervical spine x-ray and made a medical decision in

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regards to her condition based on this examination. That is easily meeting the requirement of a 'moderate' appointment."

2. Respondent: Letter dated 09/11/02

"This carrier supports the position that the 99214 level of office visit was not documented for date of service 03/20/02 (See requester's TWCC 60 packet) with a comparison of the requester's documentation with the American Medical Association's requirements for a detailed history, examination and medical decision making of moderate complexity level office visit."

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/20/02.
2. The denial code listed on the EOB is "F-T,N-DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/20/02	99214	\$71.00	\$0.00	F	\$71.00	MFG E/M (IV)(C)(2) CPT descriptor	"Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity." The medical documentation submitted for the office visit in dispute, indicates that all of three key components were met or exceeded per the MFG. Therefore, reimbursement is <b>recommended</b> in the amount of <b>\$71.00</b> .
<b>Totals</b>		\$71.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$71.00</b> .

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$71.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 12<sup>th</sup> day of December 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb